|  |  |  | Application or Docket Number |                        |              |                 |          |                     |                 |        |                     |                 |
|--|--|--|------------------------------|------------------------|--------------|-----------------|----------|---------------------|-----------------|--------|---------------------|-----------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2004  10 634141  |  |  |                              |                        |              |                 |          |                     |                 |        |                     |                 |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |                              |                        |              |                 |          | SMALL E             | YTITY           | ΩB     | OTHER               | THAN            |
| TO   | TAL CLAIMS                                     |  |                              |                        |              | 7(11) E)        | <b> </b> | RATE                | FEE             | ر<br>ا | RATE                | FEE             |
| <b> -</b> -  |  |  |                              |                        | in a compa   |                 | 1        | BASIC FE            | <del></del>     | ┨      | BASIC FEE           |                 |
| FOR  |  |  | NUMBER                       | R FILED                | NUMBER EXTRA |                 |          | BASIC PC            | 393.00          | OR     | BASIC FEE           | 790.00          |
| TOTAL CHARGEABLE CLAIMS  |  |  | minus 20=                    |                        |              |                 |          | x 25                | 1               | OR     | x.50                |                 |
| INDEPENDENT CLAIMS   |  |  | ninus 3 =                    |                        |              |                 |          | x 100               |                 | OR     | ×200                |                 |
| ML   | ILTIPLE DEPEN                                  | NDENT CLAIM P  | RESENT                       | •                      |              |                 |          |                     | 1               | 1      |                     | <del></del>     |
| • "  | the difference                                 |  | +180                         | <u> </u>               | JOR          | 1 200           |          |                     |                 |        |                     |                 |
| - 11   | •  |  |                              |                        | TOTAL        | <u> </u>        | OR       | TOTAL               | اـــــا         |        |                     |                 |
|  | CLAIMS AS AMENDED - PART II                    |  |                              |                        |              |                 |          |                     | ΕΝΤΙΤΥ          | OR     | OTHER<br>SMALL      | ,               |
| _  | <del></del>                                    | (Column 1)   | (Colun                       |                        |              | (Column 3)      | 7        | SMALL               | ADDI-           | 1      | ONIACE.             | ADDI-           |
| AMENDMENTA   | 1/14/5   | REMAINING<br>AFTER   |                              | PREVIO                 |              | PRESENT!        | R        | RATE                | TONAL           |        | RATE                | TIONAL          |
|  |  | AMENDMENT  |                              | PAID                   |              |                 |          |                     | FEE             |        | <u> </u>            | FEE             |
| ğ  | Total  | . 0  | Minus                        | 1-3                    | 51           | =               |          | x 25                |                 | OR     | ×50                 |                 |
| ME   | Independent                                    | · 1  | Minus                        |                        | 3            | =               |          | ×100                |                 | OR     | ×200                |                 |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                              |                        |              |                 | j        |                     |                 |        | 13/3                |                 |
| •  | ·  |  |                              |                        |              |                 |          | + 180               |                 | OR     | +360                |                 |
|  |  |  |                              |                        |              |                 |          | ADOIT, FEE          |                 | OR     | ADDIT. FEE          |                 |
|  |  | (Column 1)   | (Column 3)                   | ,                      |              |                 |          |                     |                 |        |                     |                 |
| 8  |  | REMAINING<br>AFTER   |                              | HIGH<br>NUMB<br>PREVIO | BER          | PRESENT         |          | RATE.               | ADDI-<br>TIONAL |        | RATE                | ADDI-<br>TIONAL |
|  |  | A to the last of t | <u> </u>                     |                        | FOR          | EXTRA           | _        |                     | FEE             |        |                     | FEE             |
| Ö.   | Total  | <u>.</u>   | Minus                        | 7-4                    |              | =               |          | x 25                |                 | OR     | x50                 |                 |
| AF   | independent                                    | <i>:</i><br>   | Minus                        | 1 22.                  |              | :<br>           |          | × 100               | :               | OR     | 120                 |                 |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                              |                        |              |                 |          |                     |                 |        | 1000                |                 |
|  |  |  |                              |                        | •            | •               |          | +/80                |                 | OR     | +360                |                 |
|  |  |  |                              |                        |              | ٠               | ,        | TOTAL<br>ADDIT, FEE |                 | OR     | TOTAL<br>ADDIT. FEE |                 |
| a com  |  |  |                              | ·                      |              | 6 to 12 (-      | _        |                     |                 |        |                     |                 |
| U  |  | CLAIMS<br>REMAINING  |                              | Holid<br>MUM :         | :er          | PRESENT         | 11       |                     | ADUI-           | ĺ      |                     | /d. 01          |
| L.   | ,  | AFTER -  | ļ. · .                       | PREVIO                 |              | EXTRA           |          | RATE                | TIONAL<br>FEE   |        | RATE                | TIONAL<br>FEE   |
| AMENDMENT  | Total  | *  | Minus                        | **                     |              | = :             | 1        | ×25                 |                 | OR     | x 50                |                 |
| WEN.   | Independent                                    | •  | Minus                        |                        |              | =               | 1        | •                   |                 |        | v m                 |                 |
| र  | FIRST PRESE                                    | NTATION OF MU  | JLTIPLE DE                   | PENDENT                | CLAIM        |                 | ].       | × 100               |                 | OR     | March               |                 |
|  |  | <del></del>  | + 180                        |                        | OR           | +360            |          |                     |                 |        |                     |                 |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  AD |  |  |                              |                        |              |                 |          |                     |                 | ori ,  | TOTAL<br>ADDIT, FEE | İ               |
| ***  | ff the "Highest Nu                             | rhber Previously Pa<br>hber Previously Pai   | eld For IN Th                | IS SPACE IS            | s less tha   | ın 3, enter 😁 " | •        | ODIT. FEE           | ocopriate box   |        |                     |                 |
|  | THE THEFT CALL                                 | CONTROVING FEED  | SIS LIVER                    | . sarepende            | 15 11 10     | y.icəcii i (    | _, +~    |                     |                 |        |                     | 1               |

Patent and Trademark Other U.S. DEPARTMENT OF COMPLETE